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D.S. Keck & Co.  
600 So. Federal Hwy. # 212  
Deerfield Beach, Fl. 33441  
(954)420-0707

August 23, 1999

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-08/26/99-01040-009  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Corporate Records Bureau  
Division of Corporations  
Dept of State  
PO Box 6327  
Tallahassee, Fl. 32301

Re: LLERANDI INSURANCE GROUP, INC.

Gentlemen:

Enclosed for filing please find, in duplicate, the Articles of Incorporation for the above-referenced corporation, together with our check in the amount of \$70.00 representing the following:

Filing fees	\$35.00
Registered Agent Designation	<u>35.00</u>
	\$70.00

I would appreciate your recording this corporation and returning same to our office at your earliest convenience.

Very truly yours,  
Dianne K Hart

FILED  
99 AUG 26 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4  
T. BROWN AUG 31 1999

**Articles of Incorporation  
of  
LLERANDI INSURANCE GROUP, INC.**

**FILED**  
99 AUG 26 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation.

**ARTICLE 1 NAME**

The name of the corporation shall be:

LLERANDI INSURANCE GROUP, INC.

The principal place of business of this corporation shall be:

5297 WEST COPANS ROAD STE. 500  
MARGATE, FL. 33063

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, county, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 shares at \$1.00 Par Value.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

The names(s) and street address(es) of the initial officer(s) and director(s), if any who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is (are):

LOUIS ANTHONY LLERANDI 3530 CYPRESS EDGE DRIVE Pres./Sec.  
LAKE WORTH, FL. 33467

**ARTICLE VI INCORPORATORS**

The name(s) and street address(es) of the Incorporator(s) to these articles of incorporation is (are):

LOUIS ANTHONY LLERNADI 3530 CYPRESS EDGE DRIVE  
LAKE WORTH, FL. 33467

**IN WITNESS WHEREOF**, the undersigned incorporator(s) have executed these Articles of Incorporation this \_\_\_\_\_ day of August, 1999.

Signature(s) of Incorporator(s)

STATE OF FLORIDA  
COUNTY OF BROWARD

I HEREBY CERTIFY that on this \_\_\_\_\_ day of August 1999 personally came and appeared before me, the undersigned authority, Louis Anthony Llerandi, who is/are personally know to me or who produced Florida Drivers' License No. (N/A) to be the person(s) described in and who acknowledges to me that he/they executed the foregoing Certificate of Incorporation as his free and voluntary act and deed for the uses and purposes expressed therein.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal on the day and year above written.

*Dianne K Hart*  
\_\_\_\_\_  
Notary Public

My commission expires September 30, 2002

Commission Number: CC779648



**CERTIFICATE DESIGNATING**  
**REGISTERED AGENT/REGISTERED OFFICE**

**FILED**  
99 AUG 26 AM 7:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the corporation is:  
LLERANDI INSURANCE GROUP, INC.
- ,2. The name and address of the registered agent and office is:

LOUIS ANTHONY LLERANDI  
3530 CYPRESS EDGE DRIVE  
LAKE WORTH, FL. 33467

**HAVING BE NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS  
CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I  
FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES  
RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY  
DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION  
607.325 FLORIDA STATUTES.**



\_\_\_\_\_  
**Signature**